Changing Sexual Attitudes and Options

The simultaneous appearance of the sexual revolution of the 1960s and the revival of feminism — both symbolized in the popular mind by the fashion trend of the miniskirt — suggested a causal link between the two, but each had its own history. The sexual revolution basically opened to women many of the pleasures and responsibilities of sexual expression that had previously been reserved for men, challenging the double standard that allowed men sexual license but punished women who claimed the same freedom. The recognition of women's sexual needs and desires, which extended first to married women and then, somewhat more tentatively, to single women, and wider acceptance of women's ability to choose when and with whom to have sexual relations make up some of the most far-reaching changes of recent history.

Changing attitudes about female sexuality began to take hold early in the twentieth century. The popularization of the ideas of Sigmund Freud, Havelock Ellis, and Ellen Key promoted an ideal wherein sexual satisfaction, not repression, limitation, or abstinence, was encouraged. And access to a satisfying sexual life was just as important for wives as for husbands. This view of companionate marriage was widely accepted by the 1920s. Historians Estelle Freedman and John D'Emilio summed up this change: the meaning of sexuality shifted "from a primary association with reproduction within families to a primary association with emotional intimacy and physical pleasure for individuals."

These evolving attitudes about women's sexuality intersected with, and indeed were made possible also by, another long-term trend: the ability to regulate conception, both to limit the number of children and to offer opportunities for sexual expression that did not result in procreation. Traditionally, without the ability to choose when to bear children and how many to have, women's lives could be upended by an unplanned pregnancy. Although rudimentary birth control information and devices were available in the nineteenth century (which helps explain how the birthrate dropped by half from 1800 to 1900), they were generally illegal, especially after the passage of the Comstock Act of 1873. Birth control methods such as withdrawal or condoms required the cooperation of male partners, which was not always forthcoming; female methods such as douching, using pessaries (an early form of diaphragm), or limiting intercourse were better than nothing but were still hit or miss.

Margaret Sanger, a public health nurse with feminist sensibilities, set out to change women's lack of control over their reproductive lives by opening the first birth control clinic in the country in New York City in 1916. She was quickly arrested. Thus began her forty-year campaign to make birth control legal and widely available. Her device of choice was the diaphragm, which maximized women's control over the sex act. In the 1920s Sanger deliberately allied herself with the medical establishment in the hope that their support would bolster what was still seen as a dangerously radical cause. In effect, she gave doctors control over the dissemination of birth control information and devices. At the same time she located women's sexuality squarely within the construct of marriage, a far less radical stance than her original focus on women's sexual liberation.

In the 1930s and 1940s, Sanger successfully chipped away at restrictions limiting access to birth control for married women, although the issue wasn't finally settled until the 1965 Supreme Court case of *Griswold v. Connecticut*. Far more controversial was the idea of single women having easy access to birth control, precisely because that meant condoning premeditated sexual activity outside the institution of marriage. This is where the birth control battles were fought in the 1960s and beyond.

Single women had already been expanding the boundaries of acceptable sexual expression over the course of the twentieth century, as Alfred Kinsey found in his 1953 study of female sexual behavior. But there were still clear lines about what was considered proper sexual behavior for most young women, depending on the norms of various communities. Generally speaking, extensive "petting" short of intercourse was tolerated; "proper" or "morally clean" young women were supposed to keep their virginity for their wedding night. "Going all the way" carried a distinct social stigma, as well as the risk of unplanned pregnancy.

If single women did engage in sexual relations (as many clearly did), they often did so without access to reliable birth control information. One mistake could literally change a woman's life. If a teenager or young adult found herself pregnant, she could either hastily marry the father, seek an illegal abortion, raise the baby as a single mother, or put the baby up for adoption.

The possibilities for increased sexual activity without fear of pregnancy took a giant leap forward in the 1960s with the introduction of two new forms of contraception, the birth control pill (first offered in 1960 and widely available by mid-decade) and the intrauterine device (IUD). Somewhat ironically, wider access to safe, reliable contraception put more pressure on women to engage in sexual relationships with men now that fear of pregnancy was removed. And yet feminist consciousness raising helped women imagine sexuality from a female point of view, not just in terms of pleasing men. This was a truly revolutionary perspective for many women.